

10/53773 Attorney's Docket
No. Q88188Applicant or Patentee: Arsenia ESTRELLA GARRIDO

Application No.

Filed or Issued: June 6, 2005For: PROTECTION DISKS FOR BREASTFEEDING MOTHERS**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27 (c)) – SMALL BUSINESS CONCERN**

I hereby declare that I am

the owner of the small business concern identified below:
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN _____

ADDRESS OF CONCERN _____

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41 (a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third or parties controls or has the power to control both.

I hereby declare that rights under contact or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled: _____ by inventor _____

Described in

the specification filed herewith
 application no. _____ filed _____
 patent no. _____ issued _____

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statement are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME _____

ADDRESS _____

 INDIVIDUAL SMALL BUSINESS
CONCERN NONPROFIT
ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON

SIGNING

TITLE IN ORGANIZATION

ADDRESS OF PERSON

SIGNING

Signature

Date

Obee

innova

B-43733740

Docket No.:

101537773

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"Protection disks for breastfeeding mothers"

the application of which
 is attached hereto

OR

was filed on December 15, 2003
 as United States Application Number or PCT International Application
 Number PCT/EP2003/14249
 (Confirmation No. _____), and was amended on
 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part application(s), material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application(s) having a filing date before that of the application on which priority is claimed.

Prior Application Number(s)	Country	Filing Date	Priority Claimed	
			Yes	No
U 200203033	Spain	December 18, 2002	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I hereby claim benefit under 35 United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date
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I hereby claim benefit under 35 United States Code §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. or International Application Number(s)	U.S. or International Filing Date	Status

I hereby appoint all attorneys of **SUGHRUE MION, PLLC** who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

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 PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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(Signature)

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NAME OF SOLE OR FIRST INVENTOR:			
Given Name <u>1-0</u> (first and middle [if any]) <u>Arsenia</u>		Family Name or Surname <u>ESTRELLA GARRIDO</u>	
Inventor's Signature <u>1-0</u>		Date <u>May 20. 2005</u>	
Residence: City <u>Reus</u>	State	Country <u>Spain</u>	Citizenship <u>Spanish</u>
Mailing Address: <u>25, calle Espronceda</u> <u>ESX</u>			
City <u>Reus</u>	State	Zip <u>43202</u>	Country <u>Spain</u>
NAME OF SECOND INVENTOR:			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country
NAME OF THIRD INVENTOR:			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country
NAME OF FOURTH INVENTOR:			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country
NAME OF FIFTH INVENTOR:			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address:			
City	State	Zip	Country